

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2602	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 0102 B. WING: _____		(X3) DATE SURVEY COMPLETED 07/25/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - MOUNTAIN VIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1360 BYPASS ROAD WINCHESTER, TN 37398			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment. The findings included: Observation at 1:55 PM, revealed wall damage in both (2 of 2) C- hall biohazard rooms located at each end of the hall. These findings were verified and acknowledged by the administrator during the walk through and exit conference conducted on 7/25/16.	N 831	N831 1. Wall damage repair was begun on 8/9/16 in both C-hall biohazard rooms located at each end of the hall and are repaired by Maintenance Assistant as of 9/10/16 2. All residents have the potential to be affected. The Maintenance Director is overseeing repairs by Maintenance Assistant to assure wall is maintained and physical plant is maintained in manner that the safety and well-being of the resident are assured. 9/10/10 3. On 8/2/16 Executive Director reviewed N831 with new Maintenance Director and Maintenance Director conducted a facility wide audit to identify any additional areas of concern and began an immediate plan of action. 4. Weekly observation rounds of the facility will be conducted by the Maintenance Director to ensure the facility physical plant and overall environment is maintained in continued compliance with the facilities maintenance program with findings reported to QAPI committee monthly x 3 months Or until resolved 9/10/16		
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations and testing, the facility	N 848	N848 Observation 1.) No negative air pressure in the following locations: a. Upper B-hall janitors closet is working properly with repair to motor effective 8/8/16	9/10/16	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

DTZW21

If continuation sheet 1 of 5

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N 848	Continued From page 1 failed to maintain the correct air flow/pressure as required. The findings included: 1. Observation and testing on 7/25/16 at 2:35 PM, revealed no negative air pressure in the following locations: a. Upper B-hall janitor's closet b. Kitchen janitor's closet (3:15 PM) 2. Observation and testing on 7/25/16 at 3:22 PM, revealed the clean side (dryer) room had negative air pressure flowing from the dirty side (washers) room. These findings were verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	N 848	b. Kitchen janitor closet has a new motor ordered for installation by 8/12/16 which will assure negative air pressure is maintained. Observation 2.) Clean side of dryer room and dirty side (washer's) room have ventilation properly exhausted and functioning properly as of 8/12/16 1. Corrective maintenance has been performed by new Maintenance Director to assure areas requiring negative air pressure are maintained in Upper B-hall janitors closet effective 8/8/16 and in Kitchen janitor closet as of 8/12/16 2. All residents have the potential to be affected. New Maintenance Director reviewed N848 with Executive Director on 8/2/16 and planned corrective action Maintenance Director audited the areas requiring negative air pressure and took corrective action to order motors and make necessary repairs. 8/8/16 3. Maintenance Director developed maintenance plan to observe areas requiring negative air pressure and will make findings and needs as they are found to assure proper air pressure is maintained. 9/10/16 4. Monthly reporting of findings will be reported to the QAPI committee x 3 months or until resolved.		
N 901	1200-8-6-.09(1) Life Safety (1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations. This Rule is not met as evidenced by: Based on observations, the facility failed to comply with the applicable building and fire safety regulations as required. The finding Included:	N 901	found to assure proper air pressure is maintained. 9/10/16 N901 1. Shower curtain with mesh without the capability of obstructing sprinkler spray pattern in the D hall shower room has	9/15/16	

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N 901	Continued From page 2 Observation on 7/25/16 at 1:49 PM, revealed a shower curtain (no mesh) with the capability of obstructing sprinkler spray pattern in the D hall shower room (1 of 2). National Fire Protection Association (NFPA) 13, 8.6.5.2.2 (2010 Edition) This finding was verified and acknowledged by the administrator during the walk through and exit conference on 7/25/16.	N 901	been installed to replace incorrect shower curtain 7/29/16 2. All residents have the potential to be affected. Maintenance Director and Housekeeping supervisor were instructed by Executive Director to replace any curtains found to obstruct sprinkler spray pattern immediately. Upon rounds of facility on 7/29/16 none were located 3. Facility held Safety Committee ad hoc meeting to address safety issues related to N901 and to report any noncompliant concerns. 8/10/16 4. Housekeeping supervisor will monitor shower curtains for compliance and report any findings to QAPI committee x 3 months or until resolved. 9/10/16	9/15/16
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include:	N1410	N1410 1. External disaster procedures for tornado, flood, earthquake have been scheduled prior to March with annual schedule drafted. Current disaster plans were inserviced by Manager on Duty on 8/6/16 and on 8/8/16 by Executive Director and Maintenance Director to include staff duties by department and job assignment and evacuation procedures. 2. All residents within the facility have the potential to be affected. The Executive Director and Maintenance Director reviewed the facilities tornado, flood, earthquake and reviewed scheduled drills and process to ensure appropriate processes are in compliance and to determine if any revisions were	
	(I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on document review, the facility failed to			

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N1410	Continued From page 3 properly conduct and document the following emergency disaster preparedness inservice. The finding included: Document review on 7/25/16 at 4:24 PM, revealed the facility failed to provide the correct documentation for (earthquake, tornado, and flood) with staff signatures conducted prior to March as required for 2016. This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	N1410	necessary in policy and the schedule for July 2016 through July 2017 noting the required disaster drills prior to March 2016. 8/3/16 3. On 8/6/16 Executive Director and Maintenance Supervisor began educating staff on facility's disaster plan for flood, earthquake and tornado obtaining attendance signatures for documentation of participation. 4. The Maintenance Supervisor will conduct disaster drills at scheduled time under varying conditions monthly on each shift and will report results and compliance to the QAPI committee 3 months or until resolved. 9/10/16	
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year. (i) Staff duties by department and job assignment; and, (ii) Search team, searching the premises.	N1411	N1411 1. Bomb threat was in-serviced on 8/6/16 by the Manager on Duty and on 8/8/16 by the Maintenance Director and Executive Director for the purpose of educating staff, records are on file with Maintenance Director in Maintenance office. 2. All residents within the facility have the potential to be affected. The Executive Director and Maintenance Director reviewed the facility's Bomb threat policy to ensure appropriate processes are in place and to determine if any revisions are necessary. 8/3/16 3. On 8/8/16 Maintenance Director and Executive Director began re-education with staff related to the facility's Bomb plan policy On 8/10/16 the facility's Safety Committee held an ad hoc meeting to	9/12/16

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N1411	Continued From page 4 This Rule is not met as evidenced by: Based on document review, the facility failed to obtain staff signatures for the annual bombthreat inservice. The finding included: Document review on 7/25/16 at 4:26 PM, revealed the facility failed to provide documentation with staff signatures for an annual bomb threat inservice for 2016. This finding was verified and acknowledged by the administrator during the exit conference on 7/25/16.	N1411	address safety issues related to the facility bomb threat process and to implement an immediate plan of correction. 9/10/16 4. The Maintenance Supervisor will conduct bomb threat drill no less than annually and will report recent findings to QAPI committee x 3 months or until resolved. 9/10/16	9/10/16	